

FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT'S NAME

097002547

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLMS	IND.		DEP.		IND.		DEP.		IND.		DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	57		4															
TOTAL DEP.	14		28															
TOTAL CLAIMS			32															

PTO-1240 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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